



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
TENNESSEE ELECTROLYSIS REGISTRY
665 MAINSTREAM DRIVE, 2nd FLOOR
NASHVILLE, TENNESSEE 37243
www.tn.gov/health

Local (Nashville Calling Area) 615-741-3807
Nationwide (toll free) 1-800-778-4123 Ext. 7413807

Dear Applicant:

Thank you for your request for licensure as an Electrologist or an Instructor. In response to your request, this packet contains information relative to obtaining licensure as an Electrologist or an Instructor in Tennessee.

The requirements for application are supported by board rules and regulations and T.C.A. 63-26-101 et. seq. Please read the instructions, rules and regulations, and statutes carefully prior to applying. **Application fees are non-refundable and all documents submitted to the Registry become a part of your file and are not returnable.** It is suggested that documents listed in the instructions and checklist, which will be sent by a third party, be requested upon receipt of this packet.

Upon initial review, if your application is incomplete or the supporting materials have not arrived in our office, a deficiency letter will be sent to you by certified mail. **You will have thirty (30) days from the date of receipt to correct the deficiency or the file will be closed.** Should you desire credentialing by the Registry at a later date, you will be required to reapply.

It is the applicant's responsibility to keep the Registry notified whenever a change of name or mailing address occurs. Such notification must be in writing, and you must reference your profession and the Registry in your correspondence. A change of name request must be notarized and the reason for the change must be indicated in the request.

This application packet has been designed so that you can complete and submit your application on a step-by-step basis.

PLEASE READ ALL THE MATERIALS AND INSTRUCTIONS CAREFULLY BEFORE BEGINNING.

Every effort will be made to keep you informed, in writing, of the status of your application and to process your application in a timely, efficient manner. We look forward to licensing you as an Electrologist in Tennessee.

Applicant Check Sheet

Applicant by Exam:

1. Complete application package in its entirety – sign and have notarized.
2. Attach a recent, full-faced, signed passport photograph.
3. Attach correct amount of fees according to fee schedule. Attach check or money order for the proper amount, made payable to the Tennessee Electrolysis Registry.
4. Education:
 - a. Submit notarized copy of high school diploma or proof of equivalent education.
 - b. General Education Course Work: submit official transcript directly to administrative office from the college or university. Transcripts issued to the student will not be accepted.
 - c. Electrologist Training Schools must submit evidence of completion of Electrology Program. Such evidence must be sent directly from the school to administrative office.
 - d. Submit passing scores from AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
6. Submit a notarized photocopy of birth certificate, naturalization documents, or valid driver's license.
7. Reference letters: submit two original reference letters. Letters must be addressed to the Registry and include signature and date.
8. Verification of license or certifications held in any other state or profession must be sent directly to the administrative office.
9. Submit the mandatory practitioner profile questionnaire.
10. Complete the mandatory Criminal Background Check, using **OCA #3856** ([click here for instructions](#)).

Limited License Applicant:

1. Completed application package in its entirety – sign and have notarized.
2. Attach a recent, full-faced, signed passport photograph.
3. Attach correct amount of fees according to fee schedule. Attach check or money order for the proper amount, made payable to the Tennessee Electrolysis Registry.
4. Submit notarized copy of high school diploma or proof of equivalent education.
5. Filed a Notification of Training form or letter to the Registry, at least ten (10) days prior to beginning the limited licensure training program.
6. Provide an original written statement from the supervising dermatologist that he provided direct supervision of six-hundred (600) hours during the limited license training; the provisions of T.C.A. §63-26-108(b) notwithstanding.
7. Pass the Electrology written and practical exams
8. Complete the mandatory Criminal Background check, using **OCA #3856** ([click here for instructions](#)).

Applicant by Reciprocity:

1. Complete application package in its entirety – sign and have notarized.
2. Attach a recent, full-faced, signed passport photograph.
3. Attach correct amount of fees according to fee schedule. Attach check or money order for the proper amount, made payable to the Tennessee Electrolysis Registry.
5. Education:
 - a. Submit notarized copy of high school diploma or proof of equivalent education.
 - b. General Education Course Work: submit official transcript directly to administrative office from the college or university. Transcripts issued to the student will not be accepted.
 - c. Submit passing scores from AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
4. Hold a valid, unrestricted license in another state, which has license requirements substantially equivalent to those of Tennessee, or have practiced Electrology five (5) years or more in a state which does not require a license for such practice; and such person is a Certified Electrologist. **(must provide proof, such as tax forms).**
5. Provide adequate evidence that the Electrology license held in another state was obtained after passing an examination which is substantially equivalent to the examination required by Rule 0540-1-.08.
6. Reference letters: submit two original reference letters. Letters must be addressed to the Registry and include signature and date
7. Submit the mandatory practitioner profile questionnaire.
8. Complete the mandatory Criminal Background check, using **OCA #3856** ([click here for instructions](#)).

Instructor Applicant:

1. Complete application package in its entirety – sign and have notarized.
2. Attach a recent, full-faced, signed passport photograph.
3. Attach correct amount of fees according to fee schedule. Attach check or money order for the proper amount, made payable to the Tennessee Electrolysis Registry.
4. Hold a valid or unrestricted Electrology license in Tennessee.
5. Provide an affidavit or evidence of practicing for at least five (5) of the last ten (10) years prior to application.
6. Education:
 - a. General Education Course Work: submit official transcript directly to administrative office from the college or university. Transcripts issued to the student will not be accepted.
 - b. Submit passing scores from AEA or SCMHR Exam. Scores must be submitted directly to the administrative office from AEA or SCMHR.
7. Reference letters: submit two original reference letters. Letters must be addressed to the Registry and include signature and date.
8. Verification of license or certifications held in any other state or profession must be sent directly to the administrative office.



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ELECTROLOGIST BY EXAMINATION APPLICANTS/ LIMITED LICENSE	
3856) 001	\$ 300.00
3856) 001	\$ 200.00
3856) 001	\$ 200.00
3856) 006	\$ 10.00
	\$ 710.00

RECIPROCITY APPLICANTS	
3856) 001	\$ 300.00
3856) 001	\$ 200.00
3856) 001	\$ 200.00
3856) 006	\$ 10.00
	\$ 810.00

INSTRUCTOR APPLICANTS	
3856) 001	\$ 350.00
3856) 001	\$ 200.00
3856) 001	\$ 200.00
3856) 006	\$ 10.00
	\$ 760.00

APPLICATION FOR LICENSE

Read all the information in the packet prior to completing this application. Give all the information requested using extra sheets if needed. Incomplete applications will not be processed. To expedite processing, do not return instructions. Return only your application, fees, and requested supporting materials.

Please select **one** licensure method from the following:

☐ Electrologist /Examination ☐ Electrologist /Reciprocity ☐ Electrology/ Instructor ☐ Limited/License

Name: _____

First

Middle

Last

Maiden

Mailing Address *(all correspondence from the Registry will be mailed to this address):*

Street: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Business Phone: (____) _____

Date of Birth: _____ Place of Birth: _____

Social Security #: _____ Sex*: ☐ Male ☐ Female

You must put your social security number on this form for the application to be complete. State and federal law require social security numbers on this application. Tenn. Code. Ann. § 36-5-1301(a), as authorized by 42 U.S.C. § 405(c)(2)(C)(i). The number will be used to verify your identity, to ask questions about your financial responsibility, and for any other purpose allowed by state or federal law. When you provide your social security number on this application and sign the form, you are agreeing that Department of Health may use your social security number in furtherance of federal and state law, for example, to collect delinquent fees.

**Optional-statistical information only*

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ☐ YES ☐ NO

Email: _____

Are you a U.S. Citizen: ☐ YES ☐ NO *All applicants must complete the Declaration of Citizenship attachment.*

Have you ever taken the National Certification Examination? ☐ YES ☐ NO
If yes, date of examination: _____ and request verification be sent to the Registry from the examining agency.

Employment History

List in chronological order a brief description of your work experiences. Include dates, locations and specific duties.

Current Employer: _____

Street Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ Job Title: _____

Major responsibilities: _____

Previous Employer: _____

Street Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ Job Title: _____

Major responsibilities: _____

Previous Employer: _____

Street Address: _____

Employed From: _____ To: _____ Job Title: _____

Supervisor's Name: _____ Job Title: _____

Major responsibilities: _____

EDUCATION HISTORY

Name of High School and Location

Dates Attended

Certificate or Degree

Name of College and Location

Dates Attended

Certificate or Degree

Name of School of Electrologist
and Location

Dates Attended

Certificate or Degree

LICENSURE HISTORY

List below all states in which you have ever been or currently are licensed (in any profession). If you have not previously been licensed, mark this section N/A. Submit a copy of Attachment 1 to all states regarding such licensure. Verification must be sent directly to the Tennessee Electrolysis Registry from each State Licensure Board office.

State

License Number

Date Issued

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS.

If any answers to the questions in this part are in the **affirmative**, attach an explanation on a separate sheet.

In support of your explanation, the final documents or orders from the issuing states, courts, or agencies must be submitted along with this application.

For the purposes of these questions, the following phrases or words have the following meanings:

1. **"Ability to practice your profession"** is to be construed to include all of the following:
 - a. The cognitive capacity to exercise reasoned professional judgments and to learn and keep abreast of developments in your profession; and
 - b. The ability to communicate those judgments and information to patients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
 - c. The physical capability to perform tasks and procedures required of your profession, with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **"Medical condition"** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV, tuberculosis, drug addiction and alcoholism.
3. **"Chemical substances"** is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.
4. **"Currently"** does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one's functioning as a licensee, or within the past two (2) years.
5. **"Illegal use of controlled substances"** means the use of controlled substances obtained illegally (e.g. heroin, or cocaine) as well as the use of controlled substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS

YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Do you currently have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? | _____ | _____ |
| a. | If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medication) or participate in a monitoring program? | _____ | _____ |
| b. | If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? | _____ | _____ |

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

COMPETENCY INFORMATION CONTINUED

	YES	NO
2. Do you currently use chemical substances?	_____	_____
a. If yes, do they in any way impair or limit your ability to practice your profession with reasonable skill and safety?	_____	_____
3. Are you currently engaged in the illegal use of controlled substances?	_____	_____
a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances?	_____	_____
4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?	_____	_____
5. If you have ever held or applied for a license or certificate to practice Electrology in any state, country or province, has it been or was it ever denied, reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____
6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited or otherwise disciplined or voluntarily surrendered under threat of restriction or disciplinary action?	_____	_____
7. Have you ever failed an Electrology licensure examination?	_____	_____
8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation?	_____	_____
9. Have you ever been rejected or censured by a professional society?	_____	_____
10. In relation to the performance of your professional services in any profession:		
a. Have you ever had a final judgment rendered <u>against</u> you; or	_____	_____
b. Have you ever had settlement of any legal action rendered <u>against</u> you; or	_____	_____
c. Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11. If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,
(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos, attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the rules and regulations and agree to abide by them in the practice of Electrology in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary which may include an interview.

RELEASE to the Board, its staff and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice Electrology.

AUTHORIZE the Board, its staff and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others and any other qualifications;

RELEASE from liability the Board, its staff and all their representatives and any and all organizations which provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical and other qualifications and for resolving any doubts about such qualifications.

In order to comply with federal statutes, the Board of Electrolysis Examiners is obligated to inform each applicant or licensee from whom it requests a social security number that disclosing such number is mandatory in order for this Board to comply with the requirements of the federal Healthcare Integrity and Protection Data Bank and/or the National Practitioner Data Bank. If the Board is required to make a report about one of its applicants or licensee to either or both of these data banks, it must report the individual's social security number. This application will not be complete if the social security number is omitted. The number will be used for identification purposes and for such other purposes as are allowed by state and federal law.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE

DATE

Sworn to before me, this _____ day of _____, 20____.

NOTARY PUBLIC

Affix Seal Here

My Commission expires _____



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ELECTROLOGY TRAINING VERIFICATION

Complete Part A of this form and mail to the Electrology school where you obtained training.
(You are authorized to photocopy this form.)

Part (A) – Must Be Completed By The Applicant

I am applying for licensure as an Electrologist in the state of Tennessee. I completed the Electrolysis training at your facility on _____. The Tennessee Electrolysis Registry requires that verification of my training to be submitted directly from the school to the Tennessee Registry. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Registry.

Printed Name: _____

Signature: _____

Date: _____

Part (B) – Must Be Completed By The Electrolysis School Director

I, _____, certify that the above named individual was enrolled at the school of _____, beginning date _____ ending date _____ and has completed the required Electrology training as indicated by 600 course hours:

Electrology Theory**Theory Practical Hours**

General Orientation	_____
History of Electrolysis	_____
School Program/School Rules	_____
State Law, Regulations, Ethics	_____
Supplies	_____
Causes of Hair Problems	_____
Structure of Hair and Skin	_____
Neurology and Antilogy	_____
Microbiology, Bacteriology and disinfecting, Hygiene	_____
Principles of Electricity and equipment	_____
Modalities of Electrolysis	_____
General Treatment Procedures	_____
Development of a Practice	_____
Total Theory Hours:	_____

Clinical Experience**Clinical Hours**

Draping and Positioning	_____
Legs	_____
Arms	_____
Face	_____
Torso	_____
Total Clinical Hours:	_____
Total Training Hours:	_____

Remarks:

Signature: _____

Title: _____

Date: _____

Return directly to:

Tennessee Electrolysis Registry
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243



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EDUCATION VERIFICATION

APPLICANT: Supply the information requested in this box and then mail this entire form to the school at which you completed your educational program.

NOTE: Some schools require a fee, so please contact the institution before mailing this form so that you can attach the required fee.

TO WHOM IT MAY CONCERN:

I am applying for a license or limited permit to practice as an Electrologist in the State of Tennessee. The Electrolysis Registry requires verification of educational attainment. Please forward an original transcript showing degree awarded and bearing the institution's official seal to the Registry's address below.

Applicant's Full Name: _____
(First) (Middle/Maiden) (Last)

Applicant's Address: _____

Applicant's Social Security Number: _____ - _____ - _____

Applicant's Student Identified Number: _____

Year of Graduation: _____

Degree Conferred: _____ Date Degree Conferred: _____

Please forward an original graduate transcript bearing the institution's official seal to:

Tennessee Electrolysis Registry
665 Mainstream Drive, 2nd Floor
Nashville, TN 37243

Thank you for your cooperation and prompt response.

Applicant's Signature

Date



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VERIFICATION FROM OTHER STATE CERTIFICATION BOARDS

APPLICANT: Please provide the information requested in the top box and then mail one form to the certification board for **each** state where you **hold or have ever held** a certificate/license/permit to practice **any** profession. (Copies of this form can be used.)

NOTE: Some states require a fee for providing clearance information. To expedite your application, please contact the applicable state(s) to inquire about required fees.

To Be Completed By Applicant (Please Print In Ink)

I, the undersigned applicant, was granted a **(circle one)** license/certificate/permit to practice _____
(Profession)

with **(check one)** ☐ License ☐ Certificate ☐ Permit

Number _____ on _____, in the State of _____.
(Date)

The Tennessee Electrolysis Registry requests that I submit evidence of the current status of that license/certificate/permit in your state. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Tennessee Electrolysis Registry.

Applicant's printed name: _____

Applicant's signature: _____ Date: _____

To Be Completed By Administrative Office of State Certification Board

Name In Full As It Appears On License/Certificate or Permit:

(First) (M.I.) (Last)

License/Certificate/Permit Number: _____ Profession: _____

State: _____ Date Issued: _____ Date of Expiration: _____

Basis of issuance: **(check one)**

☐ Endorsement/Reciprocity with _____
(State)

☐ Written Examination _____
(Name of Exam)

Is the license/certificate/permit currently active and registered? ☐ YES ☐ NO

Is there any derogatory information on file? ☐ YES ☐ NO

If yes, please attach supporting documentation.

Authorized Signature Title Date



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243

DECLARATION OF CITIZENSHIP
MUST ACCOMPANY ALL APPLICATIONS FOR INITIAL LICENSURE OR REINSTATEMENT OF LICENSURE

The "SAVE Act" requires Tennessee Department of Health (including all Boards, Commissions, and contractors), along with every local health department in the State, to verify that *every adult* applicant for a professional license is either a U.S. citizen, a "qualified alien," or a nonimmigrant who meets the requirements set out at 8 U.S.C. 1621.

I am a(n) _____
Healthcare Profession (Please Print) License number if applicable

Please Print Legibly

Name: _____
Last First Middle Maiden

Mailing Address: _____

Phone Number: Home: (____)____-____ Office: (____)____-____ Fax: (____)____-____

I am a United States Citizen: ____Yes ____No

Applicants Claiming United States Citizenship **MUST** provide one of the following:

1. Tennessee Driver's License, or photo ID issued by Department of Homeland Security.
2. A valid driver license or ID issued by another state, provided its issuance requirements meet Department of Homeland Security criteria.
3. An official birth certificate issued by a U.S. state, territory, or other jurisdiction. Puerto Rican birth certificates issued before July 1, 2010 do not count.
4. A federally issued birth certificate.
5. A valid, unexpired U.S. passport.
6. A report of birth abroad of a U.S. citizen.
7. A certificate of citizenship.
8. A certificate of naturalization.
9. A U.S. citizen ID card.
10. Any successor document to #'s 4-9 above.
11. SSN that the entity or local health department may verify with the Social Security Administration in accordance with federal law.

If you checked "No" please indicate from the list below which category applies to you:

_____ Permanent Residents

_____ A nonimmigrant applicant for a professional or commercial license whose visa for entry into the United States is related to such employment, or a nonimmigrant under the Immigration and Nationality Act (8 U.S.C. 1101 *et seq.*).

- _____ Foreign nationals not present in the United States seeking the issuance or renewal of a professional license.
- _____ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- _____ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- _____ Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- _____ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- _____ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- _____ An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

I-327 (Reentry Permit)
 I-551 (Permanent Resident Card or "Green Card")
 I-571 (Refugee Travel Document)
 I-766 (Employment Authorization Card)
 Machine Readable Immigrant Visa (with Temporary I-551 language)
 Temporary I-551 stamp (on passport or I-94)
 I-94 (Arrival/Departure record)
 Unexpired foreign passport
 WT/WB Admission Stamp in unexpired foreign passport
 I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
 DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

 Signature

Sworn to before me this _____ day of _____, 20__.

 NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.